

#### **PUBLIC WORKS & WATER RESOURCES**

**CITY OF NEWARK** 

220 South Main Street · Newark, Delaware 19711 302.366.7000 · Fax 302.366.7160 · www.cityofnewarkde.us

# Application for Sediment and Stormwater Management

# **CERTIFIED CONSTRUCTION REVIEWER**

### **Project Information**

Project name:		
Approval Number:	Approval Date:	
Location:		
Owner Information		
Owner/Developer Name:		
Phone:	Fax:	_
Email Address:		
General Contractor		
Contact Person:		
	Fax:	
Email Address:		
Site Contractor (SWM/E&S)		
Blue Card Holder:	Blue Card #:	
Contact Person:		
Phone:	Fax:	_
Email Address:		

### **Certified Construction Reviewer Information**

CCR Name:	Certification No.:
Employer:	
	Fax:
E-mail:	
	Delaware Professional Engineer Information  Registration No.:
	Fax:
E mail:	

### The following certifications shall be completed prior to approval of this application:

## **Owner/Developer Certification**

"I/We understand the conditions imposed by the requirement of	DNREC that a Sediment and			
Stormwater Certified Construction Reviewer be present on site f	for the purpose of ensuring the			
adequacy of construction pursuant to the approved sediment and	stormwater management plan			
and requirements of Section 12, <i>Delaware Sediment and Stormwater Regulations</i> . I/We hereby				
authorize the right of entry for periodic site inspections by the C	-			
State of Delaware Department of Natural Resources and Environ	imental Control Personnel and/or			
authorized agents."				
	_			
Owner/Developer Signature	Date			
Ourses/Developes Printed Nome	_			
Owner/Developer Printed Name	7			
Certified Construction Reviewer (	Certification			
"I understand the responsibilities required of me to perform the	duties of Certified Construction			
Review as outlined in Section 12, Delaware Sediment and Storm	water Regulations, and I			
understand the site review procedures as required by DNREC, D	_			
Conservation, Sediment and Stormwater Program"	Thistory of Soft and Water			
Conservation, Sediment and Stormwater Program				
Certified Construction Reviewer Signature				
Certified Construction Reviewer Printed Name	_			
Professional Engineer Certification	ication			
"I understand the responsibilities of the Sediment and Stormwater	er Management Certified			
Construction Reviewer as outlined in Section 12, <i>Delaware Sedi</i>	_			
Regulations, and I agree that	will			
work under my direction to provide sediment and stormwater ma	anagement site review for this			
project as required by DNREC."				
Professional Engineer Signature	Date			
Professional Engineer Printed Name	_			
Application Approval				
Approved by:	Date:			
ripproved by:	Duit			
Title:				